

EPIC UPDATE FOR PROVIDERS

July, 2017 Part 2



Epic1

Improved patient care through exceptional technology.

This monthly brief promotes awareness among our clinicians of the progress and specific features of our Epic implementation. Please feel free to contact EpicProgram@BJC.org with any questions or for additional information.

Patient Data Exchange

EpicCare Link

EpicCare Link is Epic's web-based application for connecting BJC/WUSM patient information with community physicians and care givers. It provides community users secure access to select patient information in Epic as a read-only application with some service-oriented features included that allow providers to place radiology and lab and referral orders at the hospital for their patients. Campus Site Coordinators will assist with establishing your practice as an EpicCare Link affiliate.

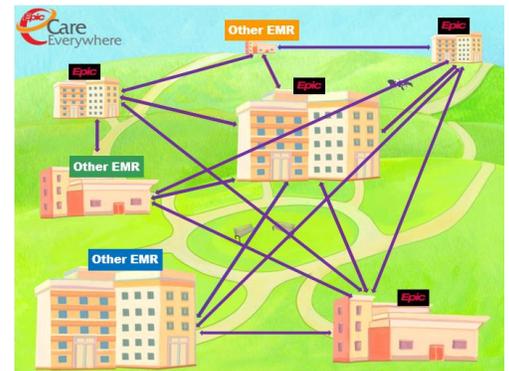
Boone Hospital Center will go live on Epic on August 5, 2017 and EpicCare Link will begin populating patient lists based on physician/patient relationship on that date.

Care Everywhere

Epic's interoperability application allowing the exchange of patient data with other health care institutions. Once the patient's information is received, physicians can review it and reconcile discrete allergies, medications, problems, and immunizations in Care Everywhere documents with information in the patient's local Epic chart. Care Everywhere makes sure that clinicians have the information they need to treat patients, both for planned transitions of care, such as referrals, and unplanned transitions of care, such as visits to the emergency department. Reconciled data becomes a permanent part of the patient's chart and is used to drive clinical decision support.

Care Everywhere is a major driver in succeeding with Meaningful Use.

Mercy, SLUCare, SSM Health Care, St. Anthony's Medical Center, and Saint Luke's Health System are all live Epic hospitals in Missouri. Exchanging patient data between these organizations and BJC HealthCare/Washington University Physicians providers enhances patient safety care coordination, for example, with recorded allergies and medications.



Dr. Donald Morris, Internal Medicine, shared his recent experience with Care Everywhere. "In January, I saw a former patient who presented to re-establish care. She had left my practice for insurance reasons and had to be seen at Mercy. In January, I requested records from her former provider but never received them. On Friday, the patient called and stated she had been in a serious accident and was hospitalized at Mercy. She called on Monday and was out of pain medicine and an urgent appointment was made. I did not receive any faxed records from Mercy on the patient. When the patient arrived, I checked Care Everywhere. Everything from Mercy was in there – all labs, problem list, medication list, discharge summary. I could also view her former PCP notes that I had not received! I was able to add her new problems and medications from her recent hospitalization to my list, which saved me a lot of time, not to mention not having to waste time trying to get a 60 page fax from Mercy. I'll bet I saved at least 30 minutes and I think the patient got better, faster care. This is what an EMR is supposed to do for us!"

Clinical Updates

Entering Pre-Procedure Orders and Scheduling in Epic

Order Entry

- **Overview:** Currently, many surgeons/proceduralists send in pre-procedure orders from their clinics in advance of the procedure. These orders are frequently entered on behalf of the surgeon/proceduralist by a mid-level provider, nurse, or office staff and do not require a signature before they are active. A streamlined workflow for entering pre-procedure orders is critical to surgeon/proceduralists efficiency. These workflows apply to the OR, GI Lab, and Cath Lab. Epic has different types of Order Authorization. Some orders need retroactive co-signature, but the order is active immediately. Epic also has a concept of second signature. Orders needing second signature are held and not active until signed by the provider. Electronic order entry of all pre-procedure orders by the provider is encouraged, however, each HSO will be making specific arrangements to facilitate transcription of faxed orders.
- **Impacted Groups**
 - Surgeons/Proceduralists
 - Nurse practitioners
 - Physician assistants
 - Nurses
 - Clinical Office Staff
- **Summary of workflow: For orders entered by surgeons/proceduralists or nurse practitioners/physician assistants:** Use and sign a pre-procedure order set from the Prep for Case navigator. (These orders will not require a co-sign or second sign.)

AND

For orders entered by nurses or clinical office staff: Use a pre-procedure order set from the Prep for Case navigator. These inpatient pre-procedural orders will require a **second signature** before they are active *with the exception of Case Request, which will only require a co-sign.* Surgeons/proceduralists will provide the second signature through InBasket (provider's patient portal inbox).

For pre-procedure orders sent via fax, continue to follow your current state workflow. Call the scheduler to get your case scheduled. Continue to fax your pre-procedure orders to department as you do today. Your orders will be transcribed into Epic by nursing and pharmacy staff.

Scheduling

- **Overview:** Electronic order entry of diagnostic exams by the provider or your office staff is the preferable method of scheduling. However, if this is unable to be done, you can continue your current state workflow of allowing your office staff to call scheduling to request a time on the schedule. You will be expected to fax a written order for the exam immediately after the phone call is completed.

If an update to the order is required after it has been scheduled, the technologist or responsible staff would follow policy to obtain a new order. **Summary of workflow:** A separate ordering mode, named "Scheduled – Awaiting Order," has been created to signify that the order entered by the scheduler was not entered from a physically signed order.

What's Next for Order Entry and Scheduling: To assist providers with pre-procedure order entry, training of private clinical office staff will be offered prior to Go-Live. Private clinical office staff will need to work with their local Medical Staff Office to complete required paper work in order to receive access.

Order Set Change Control

- If there is a need for an order set addition, modification or deletion, contact your CIS representative or Site Liaison.
- Requests will go to a Change Control Review Board comprised of physicians, nurses, pharmacy and Epic1 staff.
- Order Set change requests will not be allowed for the first six weeks post Go-Live unless you have a CMO signature.

Provider Communication

Patient Event Notifications

When a hospital goes live PCPs will receive a report with relevant clinical information to notify them of the following events:

Event Notification Type	Time Delay	Note Types included	Recipient
			PCP
IP Admission	Immediate	None	X
ED Discharge	4 hours	ED Provider	X
IP Discharge	12 hours	D/C Summary & Operative notes	X
Post Mortem	Immediate	None	X

Hospital Notes

When a hospital goes live notes will route to providers when signed, whether the note originated in Epic or was dictated. The table below outlines which notes will route automatically. All notes can also be routed manually.

Note Type	Attending	Referring
IP Consults	X (BHC Only)	
IP Discharge Summary		X
ED Provider Note		X

Refer to the Provider Communication tip sheet on the Learning Home Dashboard for more information, including results routing and how providers will receive communication for all notes, notifications, and results that are routed.

What's Coming Up?

In Case You Missed It...	In the next 30 days...	In the next 60 days...
<ul style="list-style-type: none">• BJCMG Epic Go-Live 6/3• Boone end user training began 6/12• Pod 1 120-day GLRA 7/26	<ul style="list-style-type: none">• Boone Hospital/Boone Home Health Go-Live 8/5• Pod 1 Credentialed Trainer (Clinical) training begins	<ul style="list-style-type: none">• Pod 1 Super User training begins

Do you have any questions about the Epic implementation? Please email us at EpicProgram@BJC.org

Additional information can also be found on our website, [here](#).

Clinical Champion Chairs: *Keith Woeltje, MD & Sam Bhayani, MD* Epic Program Co-Directors: *Chero Goswami & Troy Burrus,*
Program Communications: *John Krettek, MD & Ken Woodward*